



ANNUAL REPORT

ARIZONA STATE HOSPITAL

1969 - 1970

ANNUAL REPORT

ARIZONA STATE HOSPITAL

1969 - 1970

WILLIS H. BOWER, M.D., SUPERINTENDENT

TABLE OF CONTENTS

Letter: Chairman of the Board to the Governor	3
Report of the Superintendent	5
Statistical Reports:	
Patient Population Summary	21
Expenditures	25
Classification of Expenditures	27

PUBLISHED BY ARIZONA STATE HOSPITAL
2500 E. VAN BUREN, PHOENIX, ARIZONA 85008

Cover: The photograph, entitled "Bridging," symbolizes fragmentation. It poses the question of viewpoint: That of the therapist . . . or the patient?

Arizona State Hospital

Arizona State Hospital, established in 1887, is a multi-purpose treatment facility providing the necessary psychiatric, medical, social, educational, and rehabilitative services directed to the return of patients to the community as participating members. Resident patient population is about 1200.

The growth of Phoenix and the surrounding Valley of the Sun, now nearly one million people, has resulted in the hospital's ideal urban location. The hospital site includes 104 acres with 47 buildings, of which 24 are residence halls. It is less than three miles from the downtown district and new civic convention center now under construction, a mile from the Sky Harbor Municipal Airport, and adjacent to the new Maricopa County Hospital scheduled to open in 1970.

Late in 1965 the hospital had been reorganized for better treatment, with decentralization of clinical departments and the introduction of treatment divisions. Subsequent readjustment consistent with the hospital's position as the only state treatment-in-residence institution brought modifications of the treatment division and the treatment program concept. Patients are assigned to treatment divisions according to their place of residence. Excepted are: Mentally retarded or brain-damaged, geriatric, and pediatric patients, those who are physically infirm, and those under certain kinds of court commitments.

Approved in 1968 for the first psychiatric residency program in Arizona, Arizona State Hospital, in affiliation with Maricopa County, St. Luke's, and St. Joseph's hospitals, enrolled four first year residents this year.



Arizona State Hospital Board

Phoenix, Arizona

D. MILTON WHITLEY, CHAIRMAN
PHOENIX, ARIZONA

P. DAVID SHOLIN, D.D., VICE CHAIRMAN
TUCSON, ARIZONA

RUTH Z. IRVING
TUCSON, ARIZONA

ELIZABETH R. FARIS, SECRETARY
BISBEE, ARIZONA

WILLIAM T. BIRMINGHAM
PHOENIX, ARIZONA

August 14, 1970

The Honorable the Governor
of Arizona
State House
Phoenix, Arizona 85007

Sir:

The fiscal year ending June 30, 1970, has been one of great progress in some areas, and in others it has been difficult to move forward. The legislative action providing for a new 110-bed maximum security facility satisfied the highest priority need of the hospital. Accreditation for two years was received as a result of a survey by the Joint Commission on Accreditation of Hospitals. The Children's Treatment Center is nearing completion.

On the other side of the picture is the serious need for appropriate personnel, both in numbers and quality, which would bring the care and treatment of patients up to acceptable standards. A good example is the Children's Treatment Center which provides the buildings, but must be staffed to do the complete job for the patients. We will continue to work hard to bring the most pressing needs of the hospital to the attention of the Legislature and the people of Arizona.

Our Board was disappointed in the failure of the passage of mental health legislation. Great savings to the State can be brought about by treatment of patients in time to prevent their having to be hospitalized. This can best be achieved by complete cooperation and coordination of all mental health agencies, and only good legislation can make this possible.

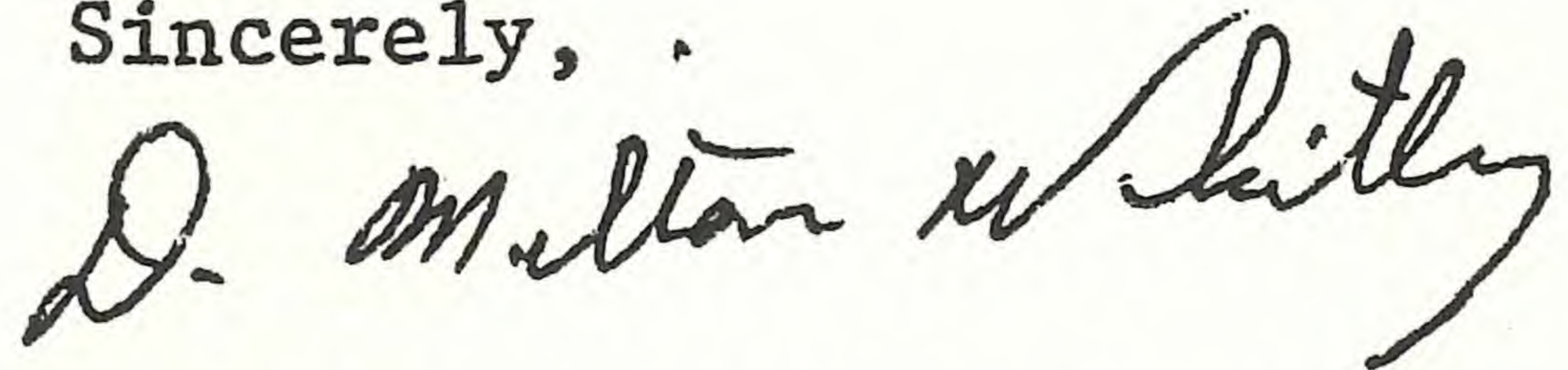
It is only fitting that attention be called to the splendid efforts of the staff and employees of the hospital. The dedication of these people to the care and treatment of patients is of such magnitude it is heart-warming to observe. The following poem by Edwin Markham best sums up what I have just stated.

The Honorable the Governor of Arizona

Page 2

"There is a destiny that makes us brothers;
None goes his way alone.
All that we send into the lives of others
Comes back into our own."

Sincerely, .

A handwritten signature in cursive script that reads "D. Milton Whitley". The signature is fluid and elegant, with a large initial "D" and a long, sweeping underline.

D. Milton Whitley, Chairman

DMW:ds

Report of the Superintendent

In my report of the previous year I mentioned thirteen areas that I considered to be of special significance to the Hospital. This year I must report that these areas of special concern are, for the most part, the same. In some, progress has been made; in others, this is not so.

1. New Construction in Children's Treatment Center

New construction in the child psychiatry division, approved by the 1969 Legislature, began during the year. We expect the new buildings to be completed and operating before the end of the 1970 calendar year. We will then have a place for a total of forty-eight children up to 18 years of age.

The new structure makes possible a program which otherwise could not be carried out. The program itself is the matter of essence and has been developed to a point of being able to render service far beyond what it could formerly.

The center is the only children's psychiatric hospital in the State capable of rendering a diversity of services to patients of any type or degree of mental illness. While it cannot begin to fulfill the requirements for psychiatric services to children within the State, it can serve as the focal point and strongest part of a system being developed.

The number of patients being served has greatly increased. Outpatient activities have been increased to the point that the center is now able to be of significant assistance to other agencies, and to the courts. Its increase of capacity and proficiency naturally generates further demand for service, and an at-

tempt has been made to meet this by creating a community psychiatry section which reaches out to the community in an attempt to anticipate what is needed instead of merely waiting for the problems to arrive.

Thus, although there is a general principle that providing good service generates more and more demand for service, I do not feel at this time that the children's treatment unit at the Arizona State Hospital should be a much larger one. Further developments should be at other locations in the communities, probably with a significant development in Tucson, with the present center at the Arizona State Hospital continuing to serve as the most highly developed one.

It is particularly necessary that at least at one place in Arizona there be a sufficient number of highly qualified treatment people capable of handling any problem, and available as necessary to the smaller centers in other parts of the State. The actual capabilities of the new comprehensive community mental health centers to render service to children is not yet well defined at this time. This situation, and the relationship between it and the Arizona State Hospital Children's Treatment Division needs further development.

2. New Maximum Security Hospital Funds Appropriated

The 1970 Legislature appropriated \$2,750,000 for the construction of a maximum security facility. Previous trends in thought about locating the facility away from the Hospital were reversed, and a decision was made to build the maximum security

hospital on the grounds of the State Hospital. While the land area is quite small, careful architectural planning will permit building this facility in the southeast corner of the Hospital grounds, enabling it to achieve the appropriate degree of integration with the entire hospital.

Patients classified as "criminally insane," that is, mentally ill persons who are under criminal charges, and prone to criminal activity, have continued to increase in number at the Hospital. Present facilities continue to be gravely overcrowded, and this will continue until the completion of the new facility, which we anticipate to be in the summer of 1972.

There are some general changes of a philosophical nature occurring nationwide concerning the management of mentally ill offenders which parallel such changes in thinking about our correctional systems. Since current efforts are directed toward rehabilitation and, hopefully, a safe return to the community, little purpose is served by incarcerating offenders, whether mentally ill or not, in huge institutions far from the communities of their origin.

Original plans presented to the legislature were for the care of 200 patients, with an expectation that this number would need to be increased to 300. It was expected that a significant number would be mentally ill persons referred from the Department of Corrections which does not have a facility to treat them. The actual appropriation of \$2,750,000 enabled planning for a 110-bed structure, and it appears that only about twenty-five cases under jurisdiction of the Department of Corrections most direly needing help can be accommodated in a facility of this size. We therefore anticipate that additional requests will need to be made to expand the maximum security facility.

The number of patients in mental hospitals is declining, but it is the experience in Arizona, as well as other states, that the need for facilities for mentally ill offenders will continue to increase in proportion to population growth. In 1968 the

Arizona Legislature passed a new law governing the procedures in the criminal law with respect to criminal responsibilities, and the immediate effect was to considerably increase the use of the facility by the courts. While it cannot be seen with certainty that this trend will increase, but for the most part, our view is that it will.

3. New Job Classification and Salary Scales

The State Hospital came under the jurisdiction of the recently-created Arizona State Personnel Commission during the year. However, the employment procedures of the Commission were introduced in a series of steps. New employee classifications were adopted in January, and we were able to implement the new salary schedule when funds became available on April 16. For the most part the new salary schedule has been quite favorable for the employees of the Hospital. There have been a few exceptions as would be expected under any such system. The transition into procedures of the Arizona State Personnel Commission was made with surprising smoothness, and much credit is due the officers and staff of the Commission as well as those involved in the problem in this Hospital.

4. New Mental Health Worker Job Classification Series

In line with progressive developments in a number of states, a new series of mental health workers was outlined in cooperation with the Arizona State Personnel Commission. The mental health worker classifications represent those persons who most directly care for patients. Traditionally, such employees, formerly known as aides or attendants, were likely to be underpaid and undertrained. Now, the new series creates a "career ladder" in which there are workers in many more precisely defined categories of training and capability. Workers in the higher categories can assume many more re-

sponsibilities than their counterparts formerly did, thus relieving the professional staff of many types of work and assuring better care of the patients. Also, it is now possible to recognize, compensate, and make significant use of those who have a bachelor's degree and can therefore accept supervisory responsibility and be assigned more specialized work.

The goal, although probably not the ultimate goal, is that most of the mental health workers, called Mental Health Technicians, will have associate of arts degrees or equivalents. A separate department, the Department of Education, Mental Health Technology, has been established, to direct and administer pre-service and in-service training. Cooperative arrangements with Maricopa Technical College are producing a curriculum in this field for a pilot group of trainees for September, 1970.

5. Computer Terminal Installed

The Hospital's capability to produce information necessary for management and to monitor the nature of the patient population has been vastly increased by strengthening the data processing department. Obsolete tabulating equipment is being abandoned and a terminal to the large computer of the State Highway Department has been installed. It is expected that the new equipment will be fully operational by November of 1970, enabling all work of the cost reporting system formerly done on computers out-of-state to be done locally.

A variety of new and meaningful reports are being generated and our statistical capability will materially increase.

6. Critical Staff Shortages

Even with careful use of the 1970-71 appropriation it will be possible to employ only 781 persons at the Arizona State Hospital. To meet reasonable requirements for patient care, there should be at least 977. There is no solution to this problem other than by increased appropriations for more persons, or by some reorganization of the entire men-

tal health system of the State which would effectively reduce the number of patients in the State Hospital. Unfortunately, such is not yet in view.

In the meantime we are operating the only institution in the State for the care of the mentally ill with critical and costly staff shortages in nearly every area—critical, in that needed care, which we know how to provide, is at best hindered and at worst simply not available; and costly in that delay or absence of treatment works to impede the patients' return to independent living.

7. Legislation for Unified Mental Health Care Defeated

Despite the enormous efforts of many persons, including interested citizens as well as professionals, a well-drawn bill for the creation of a state department of mental health was defeated by the legislature. As a result Arizona now remains virtually the only state without a structure for the coordination of all mental health services available to the people of the State. Other states have long recognized that fragmentation of care and duplication of services results in wastefulness of money and manpower. Furthermore, lack of a separate department of mental health jeopardizes progressive thinking and professional dedication, both of which thrive in a climate of unified, cooperative effort.

It is particularly tragic for Arizona to find itself in this position. While efforts at a federal level are obviously proceeding to guarantee better care for all sick persons, Arizona, at the moment, stands without a plan to utilize advances in the entire national health program.

8. Residency Training Program In Psychiatry

The Psychiatric Residency Training Program, begun modestly during the first part of the year, moved into projected operation in the last few weeks. Four residents are enrolled and expansion of the program is expected.

9. Full Accreditation Achieved

As reported elsewhere, Arizona State Hospital received its first full, two-year accreditation by the Joint Commission on Accreditation, representing many man hours of preparation to achieve the increasingly rising standards. We took some sort of uneasy satisfaction in being complimented on our deployment of staff in the absence of enough staff.

10. Medical Library

The Medical Library has emerged this year as an outstanding one, with the largest collection of mental health literature in the State. Both as a participating exchange library and as a resource for students in high school and college, it has demonstrated its professional standing.

* * *

To summarize the year would be to strike a false average in which the highs and the lows are brought to an artificial median, and the realities are lost in the accounting. Actually, it was a year of moments, during which we have gone about our proper business of taking care of the mentally ill. Staff shortages and the pressure of time do not permit us the proper amount of introspection; nonetheless, we must measure ourselves in the year that has passed.

Perhaps time itself is the only realistic summary for an annual report. A year is a precise concept, and we can correlate the calendar with accomplishments. If we do this, then we must conclude that the year's time was well spent, during which imperfection yielded its hour to moments of achievement.

* * *

While the foregoing does indeed reflect the conditions and events considered most significant, the Hospital is a functioning organization of many parts. As a 24-hour-a-day institution administering care and treatment to more than two thousand people in the year, functioning becomes significant. Therefore the following is a report of the many parts

of the organization; it offers an additional perspective of a busy year at Arizona State Hospital.

* * *

General Psychiatry

As a major program of the Hospital, the title is somewhat misleading. The program actually consists of four semi-autonomous treatment divisions organized on a state geographical basis. This year there were no changes of divisions — Maricopa I, Maricopa II, Pima, and Twelve-County. Thus the title, general psychiatry, is really an emphasis of the first word, general, as contrasted with the specialized functions of child, geriatric, or forensic psychiatry treatment divisions.

Inasmuch as all of the disciplines reported elsewhere in this report effect the operation of general psychiatry divisions, then the progress noted in these other programs are manifest in the four general psychiatry treatment divisions.

During the year there has been better emphasis on the team concept, with considerably more application of consensus decision. In one case, even traditional concepts of rigid echelon structure was abandoned out of expediency, and a divisional chief nurse assumed the role of team leader. This may presage the development of more flexible role concepts as the teams go about their business of treatment.

* * *

Geriatric Psychiatry

The Geriatric treatment division continued the shift from custodial care to active treatment. The goal remains, a return to independent living, with a strong program directed to continence, independence, socialization, recreation, and even gainful occupation when possible. To this end all training programs are coordinated; ward government provides liaison between patient and staff.

To accomplish the ambitious program there was considerable refinement in the screening techniques to separate the frankly chronic patient from the patient with a strong poten-

tial. The staff was bolstered with the addition of a second social worker, the part-time assignments of an occupational therapist and a physical therapist, and five student trainees. Out-of-hospital planning was advanced by meetings with Arizona State Hospital-Community representatives, along with a behavioral modification program leading to re-motivated self-care.

In the fiscal year the inpatient population was reduced over twenty percent.

Plans for a future include a more rapid implementation of behavior scales and improved admissions procedures. Staff training will stress the fact that many geriatric patients are more deprived than psychotic, and staff willingness to "let go" will be underscored with the prevailing attitude that the division's proper business is preparing for life, not death.

* * *

Child Psychiatry

Long-awaited new construction of a new residence center and education complex in the Child Psychiatry division began this year, so the year's report includes dust and confusion, but welcomely so. The converted apartment structures used for housing the children are to become a part of the new school, so the first move was to relocate the living quarters to the existing houses on Fillmore Street. The move was accomplished along with intensive in-service training relating to the new living dimension afforded by the more home-like living environment.

A separate self-contained living unit is also under construction. Much staff planning during the year has gone into broadening the original security concept of the unit to include a vastly enlarged evaluation and assessment program. The goal is proper placement in homogenous groupings.

Probably as important as new construction was the opening of out-patient services in the division in March of this year. Studies indicate that 80 to 85 percent of all referrals may be treated as out-patients. Staffing, however, is critically short, and involves extra and quite sophisticated training. Ef-

forts to expand out-patient services will continue; outpatient services must be recognized as the precursor of true preventative psychiatry.

The division made an aggressive approach to community involvement and education by actively encouraging visits by parents, teachers, and law enforcement groups.

* * *

Forensic Psychiatry

Finally guaranteed a new facility by legislative appropriation this year, Maximum Security nonetheless continued to labor with the realities of obsolete crowded buildings, lack of proper treatment facilities, critical staff shortages, and the pressure of time. Idealistic program planning had to be put second to the demands for processing; mere management took precedence over treatment because of the dual problems of the patients who are, for the most part, mentally ill and under criminal charges.

Even so, progress was made in some areas. Visitation procedures are under review, and recently children have been permitted as visitors. Self-help by group decision has been reinforced. Two judges have visited the facility and expressed interest in developing an activity program for those patients who come before them. A consultant has been available during the year, leading to better definition of the philosophy of the division and incorporation of the therapeutic community concept.

But, overall, conditions must be reported as discouraging. Staff turnover has been high in the face of frustrating obstacles. Recreation for patients is limited, industrial therapy is not available, and an educational effort proved abortive due to improper facilities. Court testimony consumes psychiatrists' time away from the unit. Under these conditions the primary medical treatment is chemotherapy. Appropriate rehabilitation, counseling, and education cannot even be attempted. Added to this, the population of the division reached 80 during the year in facilities barely suitable for less than 50. This necessitated transferring ten patients into the general hos-

pital population and caused some public reaction. It might be noted that we publicly reported this move to be the least harmful, least inhumane, and least dangerous — not as most therapeutic, most humane, and most safe.

* * *

Mental Retardation

The Mental Retardation division has been reviewing the results of relocating male patients last year, which was done to effect more efficient nursing service for them. Similar efforts are beginning with regard to the female patients.

A psychologist was scheduled to join the division early next year to design programs and train staff members as primary responsibilities.

Rehabilitation services continued to grow. The educational service has not been available due to the lack of an instructor. However, plans are being made to use existing staff in this area, following training.

A survey of the inpatient population was made covering a period of eight months to learn and assess the classifications of entrances and exits. The result has been a realistic picture of the population and an even more realistic picture of realizable goals.

* * *

Physically Infirm Care

The division made progress in better defining the “actively” infirm patient, as opposed to the longer term extended-care patient. Plans are ready for an additional area for the latter type when staffing funds become available. The prime responsibility is seen as the care of the patient who is otherwise classifiable in the Hospital but, for the time, faces an acute physical condition which may require round-the-clock traditional bed-hospital care.

Efforts were made to implement the continuum of psychiatric care during the period of bed-hospitalization in view of psychosomatic considerations.

The unit has been operating a third below authorized staffing in the registered nursing

area due to unavailability, a shortage particularly acute during emergency conditions.

* * *

Community Team

The Community Team still consists of only four people who, at the close of the year, were supervising care and treatment for 485 people discharged to boarding homes and nursing homes. The team is comprised of a psychiatrist, registered nurse, social worker, and a rehabilitation-occupational therapist.

The team began an ambitious program of reviewing all patients every three months, updating their status, medicines, and evaluating their condition. Review of conditional discharges were made, along with recommendations to renew if necessary. Customarily, the team responds to all emergency situations. The routine involves daily visits to the boarding homes, generally unannounced. Inspections are informal but constant, and conditions which are noted as substandard are brought to the attention of the operators. If not corrected in a reasonable period, patients are removed and relocated. A three-year report reveals that 18 boarding homes have been withdrawn from use for such cause.

Professional activity of the staff members and a good deal of travel time has raised a serious shortage of clerical help in the area of proper record keeping.

Again this year the Community Team reports the administration of one of the most successful VISTA Volunteer programs in the nation. Beginning in August of 1968 VISTA's have been assigned to the Hospital's boarding home program; a second group arrived a year later. The assignment is now on an overlapping basis, with two to four volunteers joining those already assigned. The year ended with 12 in the program.

The VISTA volunteers work in the boarding homes, directing arts and craft classes, leading group re-socialization, and they sponsor picnics, parties, and recreational outings, all of which are directed to re-motivation toward independent living. They are active in community and agency relations, and did a

good measure of public speaking in behalf of the program.

* * *

Southern Arizona Mental Health Center

Unquestionably the most significant achievement during the year has been the development of a tri-party agreement to provide an entirely new kind of mental health care in Pima County. The complex plan reached final form during the year; contract signing is expected almost immediately, and the program is scheduled to be operative September 1, 1970. Parties to the agreement are the Southern Arizona Mental Health Center, Pima County Hospital, and the University of Arizona Medical School, Department of Psychiatry. All participated in the development.

For the first time there will be available in Tucson a complete mental health care center. Not only will the program include outpatient treatment, after-care, and day care, but short-term hospitalization will also be available at Pima County Hospital, staffed by personnel working jointly with the county hospital and the S.A.M.H.C. The program will also include 24-hour emergency service.

Additionally, the program has been designed with two major purposes; not only will it offer service, but it is also a teaching resource for medical students from the University.

In February of the current year the Center encouraged and assisted in the formation of a citizen's advisory committee to effect community liaison and involvement. All the members of the committee are in positions of civic leadership and influence in the community, with a broad spectrum of expertise. Monthly meetings are supported enthusiastically as the members have sought to become knowledgeable about mental health care in the community.

* * *

Chaplaincy Services

Religious activities have undergone dynamic changes during the year, reflecting

broadening concepts of religion. Marking the prevailing attitude that it is proper for the church to deal with the "sick" aspects of society, religious activities at the Hospital have shifted from recitative dogma to the more challenging concept of reality-based religious communication. Accepting the obligation to lead the community, we have held more educational workshops. Arizona State Hospital became the focal point of education for many clergy and lay groups.

Changes in religious form brought multimedia methods to regularly scheduled services, including patient-chaplain dialogue, religious discussion on maximum security, "pop" music and the use of contemporary instruments, and the visual stimulation of an aquarium, balloons, and art in the Chapel itself. All of which points to the reawakening sense of the real and festive application of religion.

The staff consisted of a full-time Chaplain, a full-time equivalent for part of the year, and a part-time chaplain assigned to the Child Psychiatry Division. Volunteer assistance made possible services in Spanish once a month in cooperation with the Latin-American Ministerial Alliance. Also, the Chaplain served as Chairman of the Phoenix Pastoral Counsellors during the year.

* * *

Patient Education

Although nominally grouped as Patient Education, prior years have noted the divisions of child and adult education. This year the development of consistency and cooperation in patient education has all but erased the division. In both areas the direction is unified toward modifying behavior and attitudes, and to avoid the simplistic "cure" concept by providing the patient with something he never had before. In this framework education is presented therapeutically to help the patient regain meaningful relationships by using reinforced "can't fail," and acceptive teaching personnel. In addition, the vital coping skills are taught — attention, following directions, facing reality, frustration tolerance, and ego strengthening.

Much work has been done this year in program development as construction proceeds on the new education center in the Child Psychiatry division. The projected program has been drawn up as a highly individualized, intensive program for in-patients as the first responsibility. Hopefully, if staff is available, the education program will lead to a strong out-patient education project within two years.

Teachers are offering the treatment teams more aggressive, constructive programs, and have served as educational consultants to the Maximum Security division, although an active education program did not survive in the inadequate facilities.

The Patient Education Program has become a mostly highly respected resource center for special education in the state. Thirteen interns served during the regular school year, and eight are assigned in the current summer session. In addition to students and visitors numbering in the hundreds, the teaching staff has accepted many outside requests to write special programs and for speaking engagements.

* * *

Rehabilitative Therapies

The development of a comprehensive assessment program to a point of maturity this year stands as one of the most hoped-for achievements. All new patients are evaluated by the rehabilitation staff almost immediately, and this information provides the treatment divisions with a broad spectrum of information on which to base a treatment program. Included in the assessment are speech and hearing, gross motor coordination, fine coordination, work history, and patterns of leisure activities. In summary, new patients are brought to Rehab within a week after entry, and one afternoon is devoted to testing. Evaluated skillfully, the information gives insight into the life-patterns and those factors which produced failure. In some areas the application of the several rehabilitative services is obviously indicated, but the assessment is a total one and often indicates other therapy approaches.

Physical therapy moved ahead with the addition of a registered therapist full-time and a second physical therapist part-time on contract, the latter being assigned to the geriatric and somatic care divisions.

A perceptual motor training program was initiated some time ago to assist patients to develop certain factors or living skills which were by-passed in the normal learning periods. This year the program has concentrated on its own development with an improved staff training program, and most recently, the addition of training films. In this area the staff frequently serves as consultants to outside agencies.

Work evaluation, administered by the Hospital with a highly commended third-party agreement with the state department of vocational rehabilitation, shows a marked increase from 29 cases closed last year to 48 this year. By necessity, much community participation is involved in job-placement, which in turn needs, in many cases, long term follow-up, sometimes as much as two or three years. The work evaluation staff was augmented this year with the addition of a contract teacher.

* * *

Laboratory

Reorganization of the Laboratory into two divisions has expedited service. The two divisions are: clinical, which handles blood, urine, and other body fluids testing; and the anatomical procedures, including autopsies and smears. Tests average over 3,500 a month.

The director of the laboratory, a board certified pathologist, and two lab technicians registered with the American Society of Clinical Pathologists comprise the staff. With more than 1,000 tests per technician per month, the lab operates below staffing standards, and there is urgent need for a laboratory assistant. Equipment is generally satisfactory.

Services to patients upon admission includes a test for syphilis, a complete blood count, and a urinalysis. Female patients receive a pap smear on admission and a second

one six months later. The laboratory also performs specific tests on request from the medical staff.

The teaching role of the department of pathology includes a monthly clinical pathological conference for staff doctors, and participation in the mental health technician curriculum.

* * *

Pharmacy

The out-patient program of chemotherapy increased this year, further refined by a comprehensive survey by the Community Team of conditionally discharged patients in boarding homes. Considerable planning was done for entering into a contract supply agreement with outside related agencies.

Prescriptions were issued to 2,624 patients during the year.

Much interest attends the long-planned introduction of the Unit Dose Drug Distribution program slated for an early pilot run next year. Instead of bulk supplies of drugs kept on the wards, the doctors' prescription orders will be filled at the pharmacy in unit dosages prepared in a single cassette transporter for each patient. In addition to the time saved on the wards, the system gives complete drug identification, will curtail waste and pilferage, and will materially simplify inventory control. Interesting side-notes on the program are the need to develop new counting-dispensing equipment, and planning drug procedures for the new maximum security hospital in accordance with the unit dose procedure.

This was the final year of reporting to the Federal Drug Administration on the use of lithium carbonate with a control group of seventy patients. The standing pharmaceutical committee maintains ongoing evaluation, this year dropping 12 drugs and adding 14.

Educatively, the pharmaceutical department participates in in-service education, and talks are made to many groups, including student nurses, rehabilitative therapists, and volunteers. Also, nationally recognized authorities address the medical staff and ancillary people of the Hospital in spring and fall

drug therapy seminars conducted by the department.

* * *

Nursing Services

Nursing services is not listed organizationally as a program because the nursing staff, largest single employee group in the Hospital, is included tacitly in each of the primary treatment programs. However, nursing must be looked at separately this year if only because these are the people who work directly with the patients.

Each year we have recurrently reported as to the nursing staff shortage, just as each year we budget for a bare-bones increase in staff to bring the Hospital up to merely minimally acceptable standards. Each year our request is reduced to a small fraction; this year proved to be no exception. Thus, providing nursing services became a challenging exercise in adroit deployment. For example, when it became apparent that there could not be enough Licensed Practical Nurses to permit division assignments, the "floating" L.P.N.'s were born, and they do just that. As available staff projections were revised during the year a freeze on new hires of mental health workers and L.P.N.'s became necessary during most of the last half of the year. A second O.D. nurse was added to the staff to assist in adjusting assignments in immediate response to Hospital needs.

In preparation for accreditation survey, the staff worked to bring records up to date, strengthened team organization, developed a nursing services organization plan for the Hospital and updated procedure manuals. The staff was commended for their effort.

The assignment of a divisional chief nurse as a treatment division leader, while made under exigency conditions, brought into sharp focus the changing role of the nurse in the therapeutic community. Remnants of the former authoritative position of the nurse conflict with the new, in which even in the leader position as DCN, decisions are made by team consensus. This year rigid role lines faded as broadened areas of responsibility emerged.

* * *

Social Services

Social Services, like nursing services, is classified as a program in isolation, but social workers are deployed through the primary treatment programs. However, the director of social services has an administrative and consultive position which must be considered in the "program" format. The major thrusts of the year have been to refine the liaison position of the social worker between the family, the community, and the patient while he is here. As hospital stays grow shorter, the social worker must remain in contact more continuously from admissions, through the duration of hospitalization, and during and after discharge. The concept of planning for discharge at the time of admission has become a fact during the year, expedited with increasingly good contact with the patients' home communities and its clinics and agencies.

The Hospital-Community Representative grant program entered its fourth and final year, and considerable effort has been devoted to working out the transition of services. The novel program was defined as a time-limited seeding effort, in which proper service could be demonstrated in the communities, which they would then incorporate into their own agencies. This is now in progress as the program is phased out. Special attention was given to the return of the geriatric patient to his home community.

The cooperative arrangement with ASU's Graduate School of Social Work Administration continues, in which six to eight students serve a practicum year at the Hospital working under the direction of an ASU faculty member and with intensive supervision.

Departmental education was continually stressed with regular training periods scheduled for the staff and outside consultants and speakers. With social workers necessarily involved in all systems, both hospital and community, more emphasis was placed on interdisciplinary orientation.

As a new effort this year, demographic analysis—"people studies"—were made for Maricopa County, graphically illustrating discharges to home areas for the last two years. The results have been plotted to census tract information to define areas of density. This information will increase precision in assessing available help in those districts of high incidence. With a similar study of Pima County completed by the Southern Arizona Mental Health Center during the year, we have information pertinent to 75% of the state's population.

* * *

Psychology

A more efficient and accelerated program of patient assessment has been the prime target of the psychology department this year, which in turn takes into consideration the almost insolvable manpower shortage. The practical result has been the use of paramedical people as test administrators. This produced a "snowball" effect — as paramedicals gave tests, staff psychologists had more time to train paramedicals in more advanced testing procedures. In addition, the psychologist is released to the more appropriate work of devising curricula, teaching, researching, and the development of applicable grant projects.

New role-definition of the psychologist continues, both intra-murally as well as in relation to the Hospital programs and, as the Hospital reaches out into the communities, in relation to the public at large.

* * *

Psychiatric Residency Training Program

The first and only psychiatric residency training program in the state of Arizona began officially at the beginning of the fiscal year at Arizona State Hospital, in affiliation with St. Luke's Hospital, the Barrow Neurological Institute, and Maricopa County General Hospital. During the year one third-year resident was enrolled.

A Director of Residency was named last October, and entered active participation in the last two weeks of the year. During the interim, much thought was given to the philosophy of the curriculum in relation to the most current and valid thinking, from which emerged an operating curriculum characterized as qualitatively sound. Other considerations involved faculty selection, the reality or practical aspects of the program, and the techniques of merging with ongoing programs of the Hospital.

Recruiting efforts began early in the year and the program will enter its second year with four first-year residents. Cooperative agreements with other state agencies and referral sources are being developed.

* * *

Staff Education

A two-year study clearly indicated the need for a separate program for staff education, so the department of Education, Mental Health Technology, was created late in the year. The department will serve primarily as the teaching center for the mental hospital and mental health worker job series. Additionally, it will offer consultation and resources to other departmental training programs in the Hospital and will assist with teaching and curriculum planning at Maricopa Technical College. Workshops, seminars, and special courses offered by outside institutions will be scheduled through the department.

Certain areas of education are functionally excluded from direct responsibility: Patient education, the psychiatric residency program, nursing staff education, and department in-service training are seen as having specialized applications. Even in these areas, however, assistance and consultation, and equipment sharing will be encouraged.

Late in the year the department scheduled and administered a workshop entitled "Communications and Problem Solving." Approximately 350 hospital personnel attended the 2-day session.

* * *

Volunteer Services

Approximately 150 volunteers gave 22,000 hours of time to Arizona State Hospital, and their ranks include every group from teen age, through young adults, up to senior citizens. All volunteers receive a pre-service interview and orientation to determine their special skills and areas of interest. Speculation as to what is a typical volunteer produced this description: "She is middle-aged or older, married but has no children at home, has had no previous experience, heard about the Hospital by word of mouth, and has a special assignment at the Hospital one day a week." Needless to say, not one volunteer fits the description exactly.

For example, one volunteer is chairman of the Red Cross volunteers. She conducts a cooking class two days a week for 25 patients each session, stressing the use of surplus foods and the preparation of low-cost meals, as well as the social skills called for during the subsequent luncheon. Another teen-aged boy has given the Hospital 1,100 hours of service.

On February 28, 1970, the Jewish Teen Auxiliary came into being, beginning with and intensive four-Saturday training program conducted jointly by the director of nursing, psychology and rehabilitation departments, and the coordinator of volunteer services. Since being assigned, 25 JTA's have been given 1,021 hours of service. Their own adviser, with a master's degree in special education herself, reports that the experience has been mutually advantageous.

The "trading stamps for a bus" campaign culminated on March 10, 1970, with the delivery of a 12-passenger, fully equipped van. Brief ceremonies were held upon presentation of the keys. A total of \$2,590.13 was contributed through the stamp program. "Operations Santa Claus" again assured every patient of at least one gift, all by contributions of friends of the Hospital.

* * *

Spanish Club

The Spanish Club, begun three years ago as a pilot effort in the Pima treatment division to reach the Spanish-speaking patient, reports a year of accelerated activity and a broadened application in the Hospital. Meetings on grounds and special outings have proven successful in motivation and participation. The activity is not classified as a program but has received much support from the Pima and Geriatric divisions, and is under the direction of the psychology department.

As defined, the club endeavors to "raise the self-image of the Mexican and to give them status and a sense of self-worth by means of adjusting therapeutic techniques in relation to the special cultural biases of these people."

* * *

Library Services

A total of 1,048 volumes were added to the Medical Library collection, of which 84 are bibliographical, and 398 are bound periodicals. The Library now has 7,364 volumes and 881 catalogued pamphlets. A grant of \$13,210 was received from the Library Services and Construction Act, Title IV-A which is for improvement of State Institutional Libraries; funds were received late in the year and so will be used in the next year on the following schedule: Medical Library, \$9,345; \$1,865 for the patients' Library; \$2,000 for the Nueva Vista School Library.

The circulation count for the year is 25,473. The Library conducted over 500 educative orientations including visiting students in nursing, psychology, social work, special education, and rehabilitation. We are a participating library in the medical library network. Our periodicals will be listed in the Inter-mountain Union List of Serials, and thus may expect requests for assistance in the coming year.

For some time we have been preparing our collection for service to the psychiatric residency program. The Library Committee continues to function well to insure appropriate growth.

Administration

As a budgeted program, the office of the administrator usually suffers from short mention in any annual report because the program actually administers other programs, which receive a more detailed reporting. At Arizona State Hospital the administrative program is generally responsible for top-level administration and coordination of effort of all non-clinical departments of the operation as well as the business side of the clinical departments of the Hospital.

The office gives direct administrative support to the superintendent and his staff. Budget preparation, which begins at the program director level, passes through a screening by the Budget Committee, reaches the administrator at the point of over-all Hospital priorities, and remains a continuing responsibility through preparation into proper form and inclusion of all changes.

During the year the administrator has performed on the administrative level in many of the Hospital projects, including accreditation, the unified personnel classification, tie-in with the state Highway Department computer service, and ongoing planning for the new maximum security hospital.

* * *

Personnel

Personnel was heavily involved in two major efforts during the year, the first in connection with the statewide personnel classification program, and the second in development of a new pre-service training program.

In conjunction with the State Personnel Commission, the personnel staff prepared a classification plan with emphasis on positions peculiar and vital to a mental hospital. This was followed by the actual implementation of the entire system and later, the phased implementation of a new salary plan. The operation was carried out with the least possible disruption of Hospital personnel and Hospital operating milieu. The personnel staff stressed the need for unique personnel classification which a mental hospital necessarily uses as a round-the-clock institution, as opposed to a business-hours state agency.

The fact of patient-contact requires skills uncommon to many job titles usually thought of as non-clinical.

An initial program of pre-service training for workers in the mental health field was begun early in the year, but could not be sustained at the theory level and was suspended. However, the concepts developed and the experience gained in the trial period served as a basis for new plans to resume pre-service training on a short, intensive level soon. Hopefully, this will be expanded as finances permit to include all new mental health series personnel. The series itself is a "career ladder" which gives a good working structure for ward application, encourages advancement by defining attainable career steps, and permits entry into the series at several levels.

Other activities during the year were varied. Employees were assisted in preparing classification reviews, and the Hospital personnel program had to merge into consonance with the policies and procedures of the state commission. Late in the year sixty youths from the N.Y.C. joined the Hospital for the summer under a supervised work-guidance program to develop good work habits and job skills.

* * *

Purchasing

With an inventory of over 19,000 items, the most progressive achievement of the year has been to put the Hospital inventory on magnetic tape, permitting a very rapid accounting at the year's end with a considerable improvement in accuracy and man hours saved.

Purchasing has effected an on-going tie-in with the state central purchasing department during the year, modifying and updating purchasing and billing methods to correspond with centralized procedures.

Of the \$186,000 requested, for capital outlay, only \$50,000 was appropriated, so the department has had to develop safeguards of expenditures, primarily by increasing expertise in determining capital equipment priorities. Therefore, prior to Board approval, all items pass through a review by the capital

equipment committee consisting of widely experienced professional people. By next year it is hoped that the medical staff will assist with a review of all medical requisitions.

An increasing measure of forms control in duplication continues to prevent proliferation in an area already taxed by increasing demand. During the year the Hospital began distributing a monthly statistical report which is prepared and printed on-grounds.

* * *

Dietary

As the dietician profession upgraded itself this year, the dietary staff worked toward their own professional development, with emphasis on education. The American Dietetic Association, to which three dieticians belong, began a registry this year, requiring testing and the continuing acquisition of study hours. Registered dieticians thus are entitled to put "R.D." after their names. In addition to regular in-service training, the staff supported new patient classes directed to job opportunities and therapeutic care of themselves.

The accreditation survey placed considerable emphasis on proper food preparation and the staff, although generally below authorized strength, produced the necessary effort. Dietary also served on the committee for infections control and management and as consultants to the medical staff.

As individualized treatment programs for the patients increased this year, so did requests for catered meals; this includes early and late meals, party foods, picnics, special lunches, and bag lunches, all of which are in addition to the regular cafeteria line service.

* * *

General Services

Contract cleaning, mostly in non-patient areas and at night, was introduced, but proved unsatisfactory in terms of specifications and was discontinued late in the year. New employees were hired to replace the service and were merged smoothly with the staff. The monthly inspections paid off well during the survey for accreditation, during which the

staff, with some extra effort, was able to present a clean hospital for inspection.

Evaluation and flame-proofing of draperies has continued as old material wears out, and several patient areas have now been equipped. Special efforts have been made this year to improve criteria for staff selection, to acquire those who can work in an environment which demands much patient-contact skill.

In the laundry, conversion to wash-and-wear processes continued, and a new delivery schedule was devised. New equipment added includes a washer-extractor and a garment and pants presser. The laundry also participated with the vocational rehabilitation program, offering training, supervision, and evaluation.

* * *

Engineering

Building and ground improvements accomplished by the engineering staff during the year included replacement of the heating and cooling equipment in the laboratory, installation of a power sprinkler system in the children's living quarters, installation of a new dishwasher in the Juniper hall kitchen, and replacement of old screen on Juniper hall with modern detention screen for patient safety. It was noted that the laboratory equipment was in used condition when first installed; it had been acquired from the prisoner of war camp in Florence.

The engineering department has been in ongoing conferences during the year as construction progresses in the Child Psychiatry division. Operational requirements were prepared and revised related to construction of the new maximum security hospital on-grounds.

One of the most pressing needs has been to modernize the distribution of utilities throughout the Hospital. Most critical is the obsolete tunnel traversing the center of the grounds and carrying steam, hot water, and gas to the west side of the grounds. Built in the 1880's, the 3-foot by 5-foot tunnel is too crowded to permit repairs should a breakdown occur. A new tunnel parallel to the old

one was built some time ago; this year funds were appropriated to install pipes for the necessary services.

Two groundskeepers are on the staff this year, and, with the additional help by children from the NYC program, the grounds have received much better care; the grass did not reach last summer's harvest height. Two new vehicles were added to the motor pool, and regular plant maintenance was carried out with a capable staff alert to the special problems of a therapeutic community.

* * *

Registrar

Statistical capability was upgraded by increasing attention to staff training, especially the medical record clerks on the divisions. Increasing efforts were made to improve quality of records by constant updating and amplified entries, and the results of the survey for accreditation more than justified the additional work. The Registrar's office is in the first phase of developing a more sophisticated out-patient reporting system which will reflect the type of treatment provided, and will list the treatment division as well as other outside agencies who are providing service.

Work is proceeding to correlate the entire system of in- and out-patient statistics through the data processing section. The goal is a unified and comprehensive system. Also, although not at full capacity, more and more programs are finding application in the magnetic tape selectric typewriter (MTST) system in the steno pool.

* * *

Hospital Security, Transportation, and Communications

Hospital security reports a year of all-time-high relations with outside agencies because of better reporting procedures and the development of mutual trust. Morale of the staff has vastly improved with the upgrading of both qualifications and responsibilities. The department has refined investigation and follow-up methods of visitor control and manning the information center. Also, it added

the duties of fire marshall and served as adviser to the maximum security treatment division.

Local patient transportation has been handled without incidents, and the staff made approximately 5,000 messenger trips. Good telephone service has been maintained in the

face of ever-increasing needs. Staff shortages in the mail room have been most critical, with one employee handling nearly a half-million pieces of mail.

Radio equipment with a 30-mile range has improved capability of immediate response in times of emergency.

1969-1970 Patient Population Summary

In Hospital June 30, 1969 1,141

ENTRIES: (Includes all additions to Inpatient Census)

First Entry	916
Reentry from Complete Discharge	487
Reentry from Conditional Discharge	397
Reentry from Unauthorized Absence	69
Other Entry	<u>1</u>
TOTAL ENTRIES	1,870

EXITS: (Includes all separations from Inpatient Census)

Complete Discharges	1,052
Conditional Discharges	671
Deaths	86
Unauthorized Absences	151
Other Exits	<u>6</u>
TOTAL EXITS	1,965

In Hospital June 30, 1970	1,046
Patients on Conditional Discharge Status	1,204
Patients on Unauthorized Absence Status	102
TOTAL ENROLLMENT on June 30, 1970	<u>2,352</u>

The 1969-1970 Patient Population Summary shows the inpatient census at the start of the year, entries and exits by various types of movement, and the inpatient census at the end of the year. In addition to the above, patients on conditional discharge and those on unauthorized absence for more than seven days are included to give the total enrollment at the end of the year.

The average patient census figure dropped 8 percent this year, but individual patients treated increased 12 percent. In relation to the population of Arizona, the inpatient-rate-per-1,000 was .60 at the end of the year, .05 less than a year ago, and .65 less than ten years ago.

A survey of admissions gives an average age of 35, but the average age of patients in the Hospital was 52. The 17-year differen-

tial reveals that a majority of the patients in the Hospital have been here a relatively long time. To reconcile the apparent conflict—that is, a remarkably short average of days-in-the-Hospital (62) with the previous statement—it must be understood that two different groups are being counted. In one case we tabulate only those admitted in one year. In the second case we tabulate all of the patients in the Hospital at one given time, many of whom were admitted in years past.

A further split of the second group above, those in the Hospital at one given time, can be made by diagnostic classification. This reveals that, on the average, mentally retarded patients have been hospitalized 8 years, longest of any group; those with organic brain syndromes, 2 years; and schizophrenic patients (43 percent), one year. The average for all inpatients was 15 months.

FIRST ADMISSIONS BY LEGAL STATUS AND COUNTY
Fiscal Year 1969-1970

Table 1

First Admissions

Legal Status	Maricopa		Pima		Other 12 Counties		Total	
	No.	%	No.	%	No.	%	No.	%
Voluntary	184	37	9	4	53	23	246	26
Civil Commitment	250	51	194	92	146	63	590	63
Criminal Commitment	39	8	6	3	12	5	57	6
All Others	<u>19</u>	<u>4</u>	<u>3</u>	<u>1</u>	<u>21</u>	<u>9</u>	<u>43</u>	<u>5</u>
Total	492	100	212	100	232	100	936	100

READMISSIONS BY LEGAL STATUS AND COUNTY
Fiscal Year 1969-1970

Table 2

Readmissions

Legal Status	Maricopa		Pima		Other 12 Counties		Total	
	No.	%	No.	%	No.	%	No.	%
Voluntary	129	47	18	14	32	32	179	35
Civil Commitment	126	46	108	82	52	52	286	56
Criminal Commitment	20	7	4	3	2	2	26	5
All Others	<u>1</u>	<u>—</u>	<u>1</u>	<u>1</u>	<u>14</u>	<u>14</u>	<u>16</u>	<u>3</u>
Total	276	100	131	100	100	100	507	99

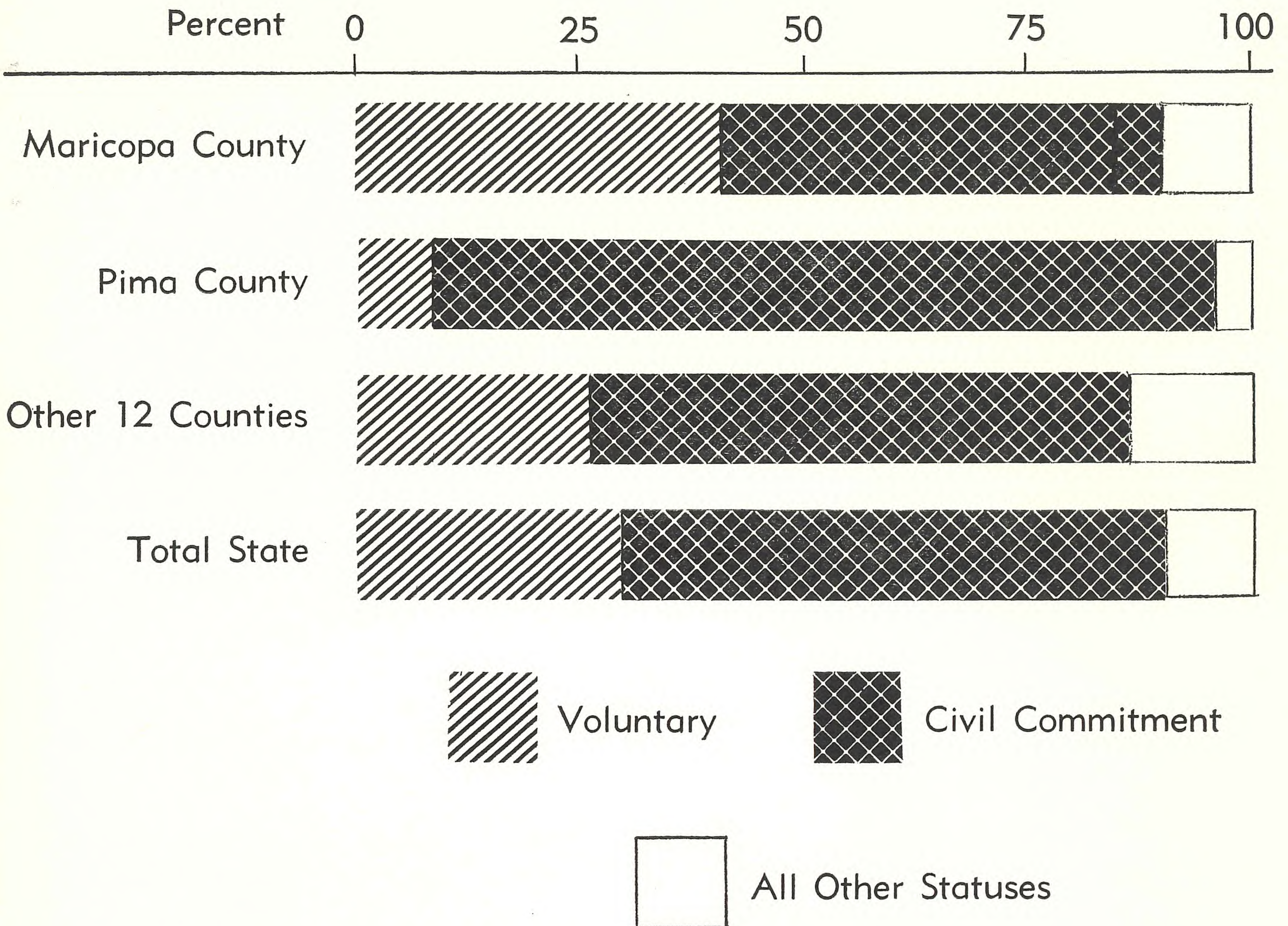
TOTAL ADMISSIONS BY LEGAL STATUS AND COUNTY
Fiscal Year 1969-1970

Table 3

Total Admissions

Legal Status	Maricopa		Pima		Other 12 Counties		Total	
	No.	%	No.	%	No.	%	No.	%
Voluntary	313	41	27	8	85	26	425	29
Civil Commitment	376	49	302	88	198	60	876	61
Criminal Commitment	59	8	10	3	14	4	83	6
All Others	<u>20</u>	<u>3</u>	<u>4</u>	<u>1</u>	<u>35</u>	<u>10</u>	<u>59</u>	<u>4</u>
Total	768	101	343	100	332	100	1443	100

Percent Distribution of All Admissions By Legal Status And County – 1969-70



The tables show that the percentage of patients admitted under various legal procedures varies according to the area of the state from which the patient is admitted. Proximity to the Hospital is known to be an important factor in the number of voluntary admissions. Maricopa County, in which the Hospital is located, and the largest county in the state, has the highest. For all 13 county categories, readmissions show a higher percentage of voluntary patients than first admissions. More patients are readmitted voluntarily from Maricopa County than under civil court commitment. This compares with 61 percent civil court commitments and 29 percent voluntary for all admissions to

the Hospital.

Pima County, the only other urban county in the state, shows a very low percentage of voluntary admissions (8 percent) compared to 26 percent for the other 12 counties combined. It is difficult to offer explanations for this without further research. Pima County admits 88 percent of its patients through civil court commitment compared to 49 percent for Maricopa and 60 percent for the 12 sparsely populated counties.

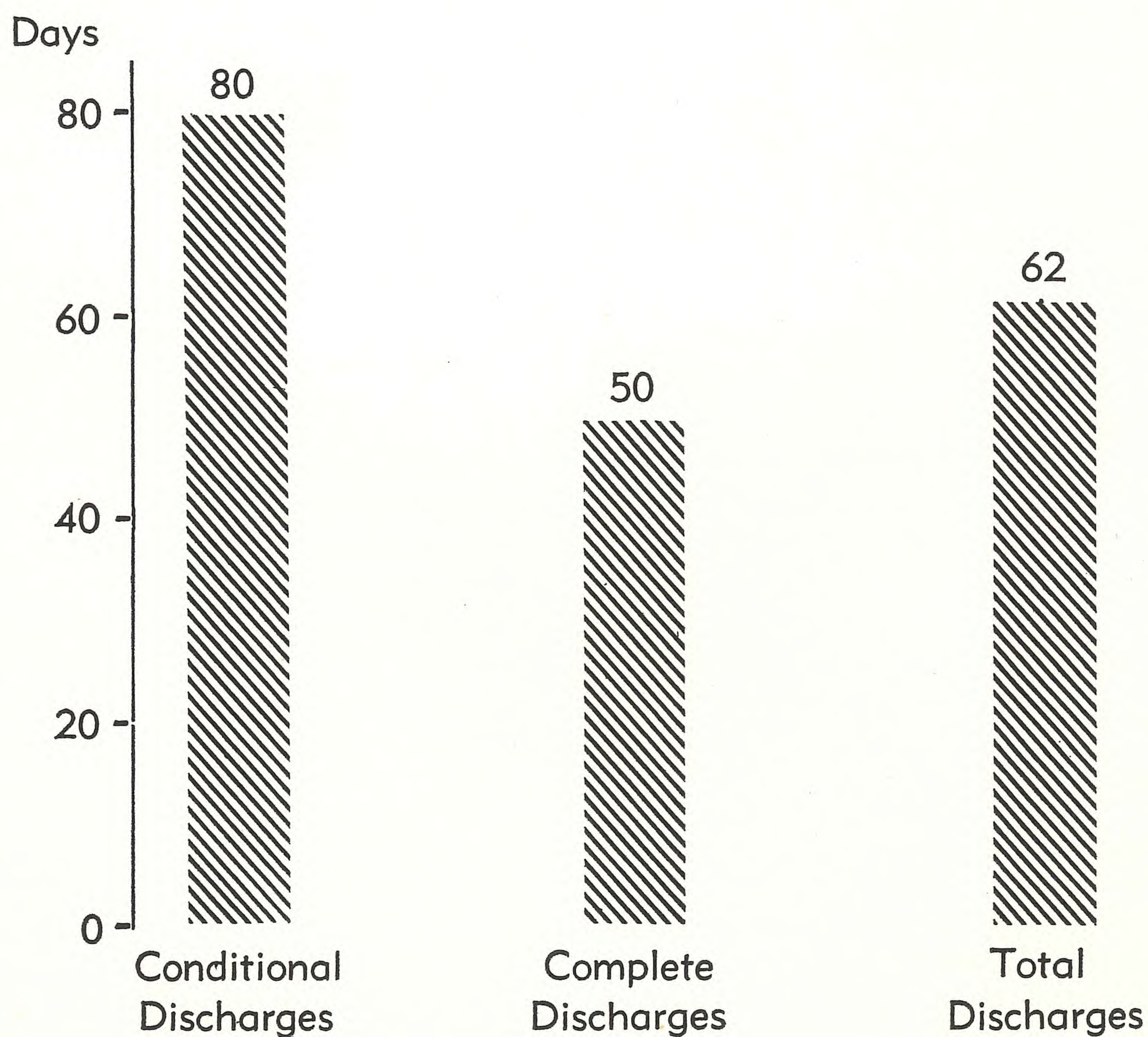
Criminal court commitments, which are on the increase, account for 6 percent of all admissions. The large majority of these come from Maricopa County and many are for short term observations.

Average Number of Days in the Hospital
Based on Discharges in Fiscal Year 1969-1970

	Total	Mar. I	Mar. II	12 Co.	Pima	Ger- iatrics	Child Psych.	Max. Sec.	Ment. Retard.	Phys. Inf.
<i>Complete Discharges</i>										
Total Number	1069	165	207	180	274	66	81	74	17	5
Median Days in Hospital	50	52	35	50	47	261	114	61	106	—
<i>Conditional Discharges</i>										
Total Number	681	178	218	122	30	75	3	1	53	1
Median Days in Hospital	80	61	64	104	387	219	—	—	145	—
<i>All Discharges</i>										
Total Number	1750	343	425	302	304	141	84	75	70	6
Median Days in Hospital	62	57	51	69	51	229	109	61	142	—

NOTE: Median not calculated where number of discharges is less than 10.

Median Length of Stay of Discharges in Fiscal Year 1969-70



1969-1970 Expenditures

CLASSIFICATION	Appropriation	Expended	Revert	Balance Forward
Personal Service	\$4,468,867.00	\$4,460,643.97	\$ 8,223.03	—
Current Expenditures— Other*	1,108,000.00	1,075,889.70	20,110.30	—
Food	400,000.00	394,584.63	5,415.37	—
Travel—State	8,000.00	5,909.94	2,090.06	—
Travel—Out of State	23,553.00	22,590.93	962.07	—
Current Fixed Charges	61,500.00	58,156.98	3,343.02	—
Professional Services and Care of Institutional Patients*	270,000.00	271,506.35	10,493.65	—
Psychiatric Residency Program	35,000.00	25,251.42	9,748.58	—
Capital Outlay—Equipment	50,000.00	49,956.26	43.74	—
Capital Outlay—Building and Improvement 1966-67 (Fwd.)	5,265.82	3,253.70	—	2,012.12
Capital Outlay—Building and Improvement 1967-68 (Fwd.)	5,392.33	3,013.00	—	2,379.33
Capital Outlay—Building and Improvement 1969-70 (Fwd.)	8,315.00	1,975.68	—	6,339.32
Capital Outlay—Construct Facility Treatment Mentally Ill Children	350,000.00	305,866.96	—	44,133.04
Capital Outlay—Medical Legal Facility	<u>2,750,000.00</u>	<u>—</u>	<u>—</u>	<u>2,750,000.00</u>
Appropriated 1969-70	<u>\$9,543,893.15</u>			
Expenditures		<u>\$6,678,599.52</u>		
Reverted and Returned			<u>\$60,429.82</u>	
Forward 1969-70				<u>\$2,804,863.81</u>

*Transferred \$12,000.00 from Current Expenditures
— Other to Professional Services.

(Continued—)

EXPENDITURES — Continued:

CLASSIFICATION	Receipts	Expended	Forward
Endowment Earnings	\$297,247.22	\$ 56,612.02	\$240,635.20
State Hospital Fund	89,219.45	86,003.57	3,215.88
Hospital Community Project	79,694.50	74,196.34	5,498.16
Education for Disturbed Children	27,792.12	21,117.78	6,674.34
State Institutional Library Service	18,390.72	5,000.32	13,390.40
Adult Basic Education	<u>6,269.72</u>	<u>6,266.51</u>	<u>3.21</u>
Total Available	<u>\$518,613.73</u>		
Expenditures		<u>\$249,196.54</u>	
Balance Forward			<u>\$269,417.19</u>

1969-1970 Classification of Expenditures

Object Code	CLASSIFICATION	Fund by Code	Total Fund
110	Personal Services	\$	\$4,460,643.97
211	Postage	6,899.15	
212	Telephone and Telegraph	63,723.70	
215	Utilities	171,229.13	
261	Grounds and Building Maintenance	14,916.90	
262	Equipment Maintenance	30,735.31	
281	Trainees	50,333.33	
293	Cleaning and Waste Removal	81,841.63	
294	Fees	69.85	
295	Non-Related Transportation	174.47	
296	Annual Report	650.00	
299	Miscellaneous Contractual Services	51,659.84	
310	Office Supplies	40,360.89	
322	Household, Sanitary & Laundry Supplies	97,807.89	
324	Drug and Medical Supplies	303,558.41	
325	Educational and Recreational Supplies	30,513.35	
326	Patient Supplies	55,154.05	
327	Pet Supplies	34.89	
328	Landscape Supplies	141.62	
351	Vehicle Gas and Oil	6,271.93	
352	Vehicle Supplies	6,315.17	
360	Laboratory and Special Supplies	7,918.80	
370	Maintenance Supplies	51,578.66	
390	Operating Supplies	4,000.73	
	Total Current Expenditures—Other	<u>\$1,075,889.70</u>	\$1,075,889.70
321	Food	\$	\$ 394,584.63
220	Travel—State		5,909.94

(Continued—)

CLASSIFICATION OF EXPENDITURES—Continued:

Object Code	CLASSIFICATION	Fund by Code	Total Fund
230	Travel—Out of State—Personnel	5,158.75	
270	Travel—Out of State—Return Patients	<u>17,432.18</u>	
	Total	<u><u>22,590.93</u></u>	22,590.93
411	Office Equipment Rental	45,891.66	
412	Machinery Rentals	62.40	
413	Rent	300.00	
417	Film and Other Rentals	1,011.33	
421	Bonds	269.00	
429	Insurance	103.00	
430	Membership Dues and Subscriptions	5,504.43	
440	Awards for Patients	4,593.16	
450	Discharge Money	223.00	
490	Permit	<u>199.00</u>	
	Total Current Fixed Charges	<u><u>58,156.98</u></u>	58,156.98
240	Professional Services	128,638.46	
270	Care of Patients	<u>142,867.89</u>	
	Total Professional Services and Care of Institutional Patients	<u><u>271,506.35</u></u>	271,506.35
110	Psychiatric Residency Program—Salaries	22,926.42	
240	Professional Instructors	<u>2,325.00</u>	
	Total Residency Program	<u><u>25,251.42</u></u>	25,251.42
611	Office Equipment	2,168.65	
612	Educational and Recreational Equipment	931.81	
613	Maintenance Equipment	621.05	
614	Medical Equipment	7,063.65	
615	Household and Ward Equipment	38,362.40	
616	Vehicle Equipment	710.00	
619	Other Equipment	<u>98.70</u>	
	Total Capital Outlay—Equipment	<u><u>49,956.26</u></u>	49,956.26
622	Building Improvements		<u>314,109.34</u>
	TOTAL EXPENDITURES		<u><u>\$6,678,599.52</u></u>

